

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 40

1. PLACE OF BIRTH

County Gila State ARIZONA
Township _____ of Village _____
City Globe No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

2. Full name of child Margaret Gila Garcia { If child is not yet named, make supplemental report, as directed

3. Sex Female If plural births _____ 4. Twin, triplets, or other _____ 6. Premature _____ Full term yes 7. Is mother married? yes 8. Date of birth April 24, 1926 (Month, day, year)

9. Full name Jose Garcia FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) Globe Arizona
11. Color or race Mexican 12. Age at last birthday 36 (Years)
13. Birthplace (city or place) (State or Country) Sonora Mexico
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name Gracia Zapata MOTHER
19. Residence (usual place of abode) (If non-resident, give place and State) Globe Arizona
20. Color or race Mexican 21. Age at last birthday 34 (Years)
22. Birthplace (city or place) (State or Country) Sonora Mexico
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 4 (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Given name added from a supplemental report _____ (Date of) _____

(Signed) Jose Garcia Father M.D.

Address G. F. Manning

Filed April 24, 1936 Registrar G. F. Manning

Registrar.